



12-11-03

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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)  
09/25/2003

<sup>7590</sup>  
**Erickson**  
Polit & Associates, LLC  
3333 Warrenville Road  
Suite 520  
Lisle, IL 60532

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<u>Randall Erickson</u>	(Depositor's name)
<u>Randall Erickson</u>	(Signature)
<u>12/10/03</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/071,703	02/08/2002	Glenn Sandberg	FOR2188P0250US	2084

TITLE OF INVENTION: PATTY-FORMING APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	<del>\$1200</del> <u>\$1330</u>	\$300	<del>\$1600</del> <u>\$1630</u>	12/26/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
HEITBRINK, TIMOTHY W	1722	425-556000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Polit & Erickson, LLC

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Formax, Inc. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Mokena, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

- 4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee

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(Authorized Signature) Randall Erickson 33872 (Date) 12/10/03

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01 FC:1501 1330.00 DP  
02 FC:1504 300.00 DP

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